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Guidelines

National Institute for Health and Care Excellence (NICE)

Eculizumab for treating atypical haemolytic uraemic syndrome
NICE highly specialised technology guidance [HST1] Published date: January 2015

Urinary incontinence in women
NICE quality standard [QS77] Published date: January 2015

Acute kidney injury
NICE quality standard [QS76] Published date: December 2014

Cochrane Systematic Reviews

New Reviews – January 2015

Vitamin B and its derivatives for diabetic kidney disease

Updated Reviews – January 2015

Conservative management for postprostatectomy urinary incontinence

New Reviews – December 2014

Intermittent self-dilatation for urethral stricture disease in males

Updated Reviews – December 2014

Bladder neck needle suspension for urinary incontinence in women

Mechanical devices for urinary incontinence in women

Journal Articles

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Review of the Literature
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1. Title: A systematic review of sequencing and combinations of systemic therapy in metastatic renal cancer.
   Citation: European Urology, January 2015, vol./is. 67/1(100-10), 0302-2838;1873-7560 (2015 Jan)
   Language: English
   Abstract: CONTEXT: The introduction of novel molecular-targeted agents has revolutionised the management of patients with metastatic renal cell carcinoma (mRCC). However, uncertainties remain over sequential or simultaneous combination therapies.OBJECTIVE: To systematically review relevant literature comparing the clinical effectiveness and harms of different sequencing and combinations of systemic targeted therapies for mRCC.EVIDENCE ACQUISITION: Relevant databases (including Medline, Cochrane Library, trial registries, and conference proceedings) were searched (January 2000 to September 2013) including only randomised controlled trials (RCTs). Risk of bias assessment was performed. A qualitative and quantitative synthesis of the evidence was presented.EVIDENCE SYNTHESIS: The literature search identified 5149 articles. A total of 24 studies reporting on 9589 patients were eligible for inclusion; data from four studies were included for meta-analysis. There were generally low risks of bias across studies; however, clinical and methodological heterogeneity prevented pooling of data for most studies. Overall, the data showed several targeted therapies were associated with an improvement in progression-free survival in patients with mRCC. There were limited data from RCTs regarding the issue of sequencing; studies on combination therapies have been hampered by difficulties with tolerability and safety.CONCLUSIONS: Although the role of vascular endothelial growth factor/vascular endothelial growth factor receptor targeting therapies and mammalian target of rapamycin inhibition in the management of mRCC is now established, limited reliable data are available regarding sequencing and combination therapies. Although data from retrospective cohort studies suggest a potential benefit for sequencing systemic therapies, significant uncertainties remain. Presently, mRCC systemic treatment should follow international guidelines (such as the European Society for Medical Oncology, National Comprehensive Cancer Network, and European Association of Urology) for patients fit to receive several lines of systemic therapies.PATIENT SUMMARY: We thoroughly examined the literature on the benefits and harms of combining drugs for the treatment of kidney cancer that has spread and on the sequence in which the drugs should be given.
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   Publication type: Journal Article
   Source: MEDLINE

2. Title: Addition of intrarectal local analgesia to periprostatic nerve block improves pain control for transrectal ultrasonography-guided prostate biopsy: A systematic review and meta-analysis
   Citation: International Journal of Urology, January 2015, vol./is. 22/1(62-68), 0919-8172;1442-2042 (01 Jan 2015)
   Language: English
   Abstract: Objectives: To evaluate the efficacy and safety of combined intrarectal local analgesia and periprostatic nerve block versus periprostatic nerve block alone for pain control during transrectal ultrasound-guided prostate biopsy. Methods: We comprehensively searched PubMed, Embase and the Cochrane Library trials. Studies comparing the two techniques were identified and pooled for cumulative analysis. The outcome measurements included visual pain scales of three consecutive procedures of transrectal ultrasound-guided prostate biopsy, as well as short-term postoperative complication rates. Results: There were 18 studies that were finally eligible for the quantitative analysis involving 2076
participants. Combined modalities significantly reduced the pain associated with probe manipulation (weighted mean difference -2.06, 95% confidence interval -2.77 to -1.35, P<0.001), anesthesia infiltration (weighted mean difference -1.45, 95% confidence interval -2.20 to -0.70, P<0.001) and needle biopsy (weighted mean difference -0.55, 95% confidence interval -0.76 to -0.34, P<0.001). Subgroup analyses assessing different local analgesics showed that local anesthetics are generally more effective than myorelaxant and non-steroidal anti-inflammatory drugs. Lidocaine-prilocaine cream proved the most effective in pain control regardless of the origin of pain. No significant difference of short-term postoperative complications (fever, dysuria, acute urinary retention, hematuria, hematospermia and rectal bleeding) was found between the two techniques. The only side-effect associated with local analgesics was headache reported in studies using glyceryl trinitrate ointment. Conclusions: Combined modalities show better analgesic efficacy than periprostatic nerve block alone for transrectal ultrasound-guided prostate biopsy without increased morbidities. Among the various local analgesics, lidocaine-prilocaine cream seems to offer the best overall efficacy.

**Publication type:** Journal: Article

**Source:** EMBASE

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3. **Title:** Affective symptoms and the overactive bladder - A systematic review

**Citation:** Journal of Psychosomatic Research, February 2015, vol./is. 78/2(95-108), 0022-3999;1879-1360 (01 Feb 2015)

**Author(s):** Vrijens D., Drossaerts J., van Koeveringe G., Van Kerrebroeck P., van Os J., Leue C.

**Language:** English

**Abstract:** Background: Overactive bladder syndrome (OAB) is characterised by urgency symptoms, with or without urgency incontinence, usually with frequency and nocturia. Although literature suggest an association between OAB, depression and anxiety, no systematic review has been presented. Objective: Systematically review the literature on the association of affective conditions with OAB. Methods: Systematic review according to the PRISMA guidelines. This review is registered in the PROSPERO register (CRD4201400664). Results: Forty-three articles were included, describing more than 80,000 subjects. Depression and OAB were positively associated in 26 studies, anxiety and OAB in 6 studies. Longitudinal studies reported: a) OAB subjects who developed depression/anxiety or b) depressed/anxious subjects developing OAB, or c) both. The quality of evidence in studies reporting an association between the co-occurrence of OAB and depression was rated level 3 in accordance with the GRADE framework. Evidence reporting on the co-occurrence of anxiety and OAB was rated GRADE level 2. Longitudinal associations between new onset of OAB in depressive subjects was GRADE level 2. Evidence reporting association of OAB with anxiety in longitudinal studies was of GRADE level 1. Conclusion: To our knowledge, this systematic review is the first to give a comprehensive qualitative overview on the association between OAB and affective symptoms. Many evaluated studies failed to note longitudinal changes and lacked evidence of causality. Still, results revealed an association between OAB and affective symptoms and there is evidence for new onset of OAB in depressive subjects, but further research is necessary to examine the strength of the effect.

**Publication type:** Journal: Review

**Source:** EMBASE

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4. **Title:** An update on enzalutamide in the treatment of prostate cancer

**Citation:** Therapeutic Advances in Urology, February 2015, vol./is. 7/1(9-21), 1756-2872;1756-2880 (21 Feb 2015)

**Author(s):** Merseburger A.S., Haas G.P., Von Klot C.-A.

**Language:** English

**Abstract:** Enzalutamide is an oral androgen receptor inhibitor that targets multiple steps in the androgen receptor signaling pathway. In the randomized phase III AFFIRM study, significant improvements in survival versus placebo were observed when enzalutamide was used as a treatment for patients with metastatic castration-resistant prostate cancer (mCRPC) following treatment with docetaxel. Additional benefits included significant delay in time to first skeletal-related event, and improvement in several measures of pain and health-related quality of life. Treatment effects were consistent across all prespecified subgroups. The phase III PREVAIL study evaluated enzalutamide versus placebo in patients with mCRPC who had not received chemotherapy. Enzalutamide significantly decreased the risk of radiographic progression and death. There were also significant improvements in all secondary and prespecified exploratory endpoints, including delayed initiation of chemotherapy, reduction in risk of first skeletal-related event and a high percentage of patients with objective response compared with placebo. Enzalutamide was also studied in hormone naïve patients (as monotherapy) in a small, open-label phase II study in patients with prostate cancer who were eligible for androgen-deprivation therapy. A prostate-specific antigen (PSA) response, defined as >80% decline in PSA level from baseline at week 25, was achieved in 92.5% of patients. Long-term follow up is ongoing. Despite differences between these three trials, enzalutamide displayed a favorable safety profile in all three patient populations. Similar rates of adverse events between the enzalutamide and placebo groups were observed in AFFIRM and PREVAIL, with fatigue, diarrhea, back pain and hot flashes being more common with enzalutamide than with placebo. Hypertension was reported at a higher rate in the enzalutamide group than in the placebo group in PREVAIL. Breast-related disorders associated with enzalutamide treatment were also reported in the Monotherapy trial. Few seizures were reported in any trial. Enzalutamide is being studied in several early disease state populations.

**Publication type:** Journal: Review
5. **Title:** Association between metabolic syndrome, obesity, diabetes mellitus and oncological outcomes of bladder cancer: A systematic review  
**Citation:** International Journal of Urology, January 2015, vol./is. 22/1(22-32), 0919-8172;1442-2042 (01 Jan 2015)  
**Author(s):** Cantiello F., Cicione A., Salonia A., Autorino R., De Nunzio C., Briganti A., Gandaglia G., Dell’Oglio P., Capogrosso P., Damiano R.  
**Language:** English  
**Abstract:** Metabolic syndrome is a cluster of several metabolic abnormalities, its prevalence is increasing worldwide. To summarize the most recent evidence regarding the relationship between metabolic syndrome, its components and the oncological outcomes in bladder cancer patients, a National Center for Biotechnology Information PubMed search for relevant articles either published or e-published up to March 2014 was carried out by combining the following Patient population, Intervention, Comparison, Outcome terms: metabolic syndrome, obesity, body mass index, hyperglycemia, insulin resistance, diabetes, hypertension, dyslipidemia, bladder cancer, risk, mortality, cancer specific survival, disease recurrence and progression. Metabolic syndrome is a complex, highly prevalent disorder, and central obesity, insulin resistance, dyslipidemia and hypertension are its main components. Published findings would suggest that metabolic syndrome per se might be associated with an increased risk of bladder cancer in male patients, but it did not seem to confer a risk of worse prognosis. Considering the primary components of metabolic syndrome (hypertension, obesity and dyslipidemia), available data are uncertain, and it is no possible to reach a conclusion yet on either a direct or an indirect association with bladder cancer risk and prognosis. Only with regard to type 2 diabetes mellitus, available data would suggest a potential negative correlation. However, as the evaluation of bladder cancer risk and prognosis in patients with metabolic disorders is certainly complex, further studies are urgently required to better assess the actual role of these metabolic disorders.  
**Publication type:** Journal: Review  
**Source:** EMBASE

6. **Title:** Avoiding and managing vascular injury during robotic-assisted radical prostatectomy.  
**Citation:** Therapeutic Advances in Urology, February 2015, vol./is. 7/1(41-8), 1756-2872;1756-2872 (2015 Feb)  
**Author(s):** Sotelo R, Nunez Bragayrac LA, Machuca V, Garza Cortes R, Azhar RA  
**Language:** English  
**Abstract:** There has been an increase in the number of urologic procedures performed robotically assisted; this is the case for radical prostatectomy. Currently, in the USA, 67% of prostatectomies are performed robotically assisted. With this increase in robotic urologic surgery it is clear that there are more surgeons in their learning curve, where most of the complications occur. Among the complications that can occur are vascular injuries. These can occur in the initial stages of surgery, such as in accessing the abdominal cavity, as well as in the intraoperative or postoperative setting. We present the most common vascular injuries in robot-assisted radical prostatectomy, as well as their management and prevention. We believe that it is of vital importance to be able to recognize these injuries so that they can be prevented.  
**Publication type:** Journal Article, Review  
**Source:** EMBASE

7. **Title:** Bladder Ganglioneuroma in a 5-Year-old Girl presenting with a urinary tract infection and hematuria: Case report and review of the literature  
**Citation:** Urology, February 2015, vol./is. 85/2(467-469), 0090-4295;1527-9995 (01 Feb 2015)  
**Author(s):** Hartman C., Williamson A.K., Friedman A.A., Palmer L.S., Fine R.G.  
**Language:** English  
**Abstract:** Ganglioneuromas are rare benign tumors arising from neural crest cells of the autonomic nervous system. These tumors may rarely localize to the bladder, and few cases have been reported in the adult literature. To date, however, bladder ganglioneuromas have not been reported in the pediatric literature. We report the case of a 5-year-old girl who presented with hematuria and a urinary tract infection and on workup was found to have a large bladder mass. Transurethral resection and pathologic examination revealed the mass to be a ganglioneuroma. The case is presented followed by a brief review of the literature.  
**Publication type:** Journal: Article  
**Source:** EMBASE  
**Full text:** Available Elsevier at Salisbury District Hospital Healthcare Library

8. **Title:** Blood pressure in early autosomal dominant polycystic kidney disease  
**Citation:** New England Journal of Medicine, December 2014, vol./is. 371/24(2255-2266), 0028-4793;1533-4406 (11 Dec 2014)  
**Author(s):** Schrier R.W., Abebe K.Z., Perrone R.D., Torres V.E., Braun W.E., Steinman T.I., Winklhofer F.T., Brosnahan G.
Combining immunotherapy and radiation for prostate cancer

Citation: Clinical Genitourinary Cancer, February 2015, vol./is. 13/1(1-9), 1558-7673;1938-0682 (01 Feb 2015)


Abstract: Radiotherapy has conventionally been viewed as immunosuppressive, which has precluded its use in combination with immunotherapy for prostate and other cancers. However, the relationship between ionizing radiation and immune reactivity is now known to be more complex than was previously thought, and data on the use of
radiotherapy and immunotherapy are accumulating. Herein, we review this topic in the light of recently available data in the prostate cancer setting. Recent research has shown no significant lymphopenia in patients undergoing radiotherapy for high-risk adenocarcinoma of the prostate. In addition, emerging evidence suggests that radiotherapy can have immunostimulatory effects, and that tumor cell death, coupled with related changes in antigen availability and inflammatory signals, can affect lymphocyte and dendritic cell activation. Initial studies have focused on combinations of tumor irradiation and immunotherapy, such as the autologous cellular immunotherapy sipuleucel-T and the monoclonal antibody ipilimumab, in metastatic castration-resistant prostate cancer. These combinations appear to have clinical promise, and further investigation of the potentially synergistic combination of radiotherapy and immunotherapy is continuing in clinical trials.

**Publication type:** Journal: Review  
**Source:** EMBASE

11. Title: Current clinical practice guidelines on chemotherapy and radiotherapy for the treatment of non-metastatic muscle-invasive urothelial cancer: A systematic review and critical evaluation by the Hellenic Genito-Urinary Cancer Group (HGUCG)

**Citation:** Critical Reviews in Oncology/Hematology, January 2015, vol./is. 93/1(36-49), 1040-8428;1879-0461 (01 Jan 2015)

**Author(s):** Zagouri F., Peroukidis S., Tzannis K., Kouloulias V., Bamias A.

**Language:** English

**Abstract:** Radical cystectomy is the treatment of choice in localized muscle-invasive urothelial cancer. Nevertheless, relapses are frequent and systemic chemotherapy has been employed in order to reduce this risk. In addition, bladder preservation strategies are appealing. During the last decade, there has been a difficulty in conducting and completing large-scale trials in urothelial cancer. This has resulted in relatively few changes in the existing guidelines. Recent studies have created renewed interest in certain fields, such as the role of chemo-radiotherapy and management of unfit patients. In addition, application of certain guidelines has been limited in everyday practice. We conducted a systematic review of the existing guidelines and recent randomized trials not included in these guidelines, and developed a treatment algorithm, regarding non-surgical therapies for non-metastatic, muscle-invasive urothelial cancer based predominantly on patients' fitness for the available therapeutic modalities.

**Publication type:** Journal: Review  
**Source:** EMBASE

12. **Title:** Dairy products, calcium, and prostate cancer risk: A systematic review and meta-analysis of cohort studies

**Citation:** American Journal of Clinical Nutrition, January 2015, vol./is. 101/1(87-117), 0002-9165;1938-3207 (01 Jan 2015)


**Language:** English

**Abstract:** Background: Dairy product and calcium intakes have been associated with increased prostate cancer risk, but whether specific dairy products or calcium sources are associated with risk is unclear. Objective: In the Continuous Update Project, we conducted a meta-analysis of prospective studies on intakes of dairy products and calcium and prostate cancer risk. Design: PubMed and several other databases were searched up to April 2013. Summary RRs were estimated by using a random-effects model. Results: Thirty-two studies were included. Intakes of total dairy products [summary RR: 1.07 (95% CI: 1.02, 1.12; n = 15) per 400 g/d], total milk [summary RR: 1.03 (95% CI: 1.00, 1.07; n = 14) per 200 g/d], low-fat milk [summary RR: 1.06 (95% CI: 1.01, 1.11; n = 6) per 200 g/d], cheese [summary RR: 1.09 (95% CI: 1.02, 1.18; n = 11) per 50 g/d], and dietary calcium [summary RR: 1.05 (95% CI: 1.02, 1.09; n = 15) per 400 mg/d] were associated with increased total prostate cancer risk. Total calcium and dairy calcium intakes, but not nondairy calcium or supplemental calcium intakes, were also positively associated with total prostate cancer risk. Supplemental calcium was associated with increased risk of fatal prostate cancer. Conclusions: High intakes of dairy products, milk, low-fat milk, cheese, and total, dietary, and dairy calcium, but not supplemental or nondairy calcium, may increase total prostate cancer risk. The diverging results for types of dairy products and sources of calcium suggest that other components of dairy rather than fat and calcium may increase prostate cancer risk. Any additional studies should report detailed results for subtypes of prostate cancer.

**Publication type:** Journal: Article  
**Source:** EMBASE

13. **Title:** Development of UK guidance on the management of erectile dysfunction resulting from radical radiotherapy and androgen deprivation therapy for prostate cancer

**Citation:** International Journal of Clinical Practice, January 2015, vol./is. 69/1(106-123), 1368-5031;1742-1241 (01 Jan 2015)


**Language:** English

**Abstract:** Aim To develop a management strategy (rehabilitation programme) for erectile dysfunction (ED) after...
14. Title: Diabetes mellitus and the risk of prostate cancer: An update and cumulative meta-analysis

Citation: Endocrine Research, February 2015, vol./is. 40/1(54-61), 0743-5800;1532-4206 (01 Feb 2015)

Author(s): Gang P.J., Mo L., Lu Y., Runqi L., Xing Z.

Language: English

Abstract: Introduction: To provide further insight into the association between type 2 diabetes mellitus (T2DM) and the pathophysiology of prostate cancer, we conducted an updated, detailed meta-analysis of 56 published case-control and cohort studies. Methods: MEDLINE and EMBASE were used to identify the literature published in April 2012 related to both diabetes mellitus and prostate cancer. A sensitivity analysis was performed, and potential confounding effects were investigated using a stratified meta-analysis. A cumulative meta-analysis was also carried out to evaluate the cumulative effect estimate over time. Results: A total of 24 case-control and 32 cohort studies with information on a total of ~8 000 000 subjects and ~140 000 individuals with prostatic cancer showed published estimates of the association between diabetes and prostate cancer malignancy. The pooled effect estimate revealed a relative risk (RR) of 0.88 (95% CI, 0.82-0.93). Interestingly, there was an increased trend for Asians (RR = 1.72, n = 7) but not Americans (RR = 0.82, n = 28) and Europeans (RR = 0.86, n = 21) regarding the association between diabetes mellitus and prostate cancer. The sensitivity analysis, excluding any one study, did not significantly change the pooled RR. The range for the pooled RR when one study was omitted was 0.84-0.89. Discussion: The findings of our meta-analysis provide strong evidence of an inverse association between diabetes and prostate cancer. Conclusions: Further research should focus on limitations in the current literature and re-assess the relationship between diabetes and prostate cancer by analyzing the two different diabetes mellitus types separately.

Publication type: Journal: Article
Source: EMBASE

15. Title: Distal ureterectomy techniques in laparoscopic and robot-assisted nephroureterectomy: Updated review.

Citation: Urology annals, January 2015, vol./is. 7/1(8-16), 0974-7796;0974-7796 (2015 Jan-Mar)

Author(s): Stravodimos KG, Komninos C, Kural AR, Constantinides C

Language: English

Abstract: Controversies exist about the best method for managing the distal ureter during the laparoscopic (LNU) and robot-assisted nephroureterectomy (RANU). Therefore, PubMed, Scopus and Web of Science databases were searched in order to identify articles describing the management of distal ureter during LNU or RANU in patients suffering from upper urinary tract urothelial cell carcinoma. Forty seven articles were selected for their relevance to the subject of this review. The approaches that are usually performed regarding the distal ureter management are open excision, transurethral resection of ureteral orifice (Pluck Technique), ureteric intussusception and pure LNU or pure RANU. Pure LNU and RANU with complete laparoscopic dissection and suture reconstruction of ureter and bladder cuff seems to be better tolerated than open nephroureterectomy providing equal efficacy, without deteriorating the oncological outcome, however evidence is poor. Transurethral resection of the ureteric orifice and the bladder cuff after occlusion of the ureter with a balloon catheter seems to be an attractive alternative option for low stage, low grade tumors of the renal pelvis and the proximal ureter, while stapling technique is correlated with the increased risk of positive surgical margins. The open resection of the distal ureter in continuity with the bladder cuff is considered the most reliable approach, preferred in our practice as well, however the existing data are based on retrospective and non-randomized studies.

Publication type: Journal Article, Review
Source: MEDLINE

Full text: Available National Library of Medicine at Urology Annals


Citation: European Urology, January 2015, vol./is. 67/1(142-50), 0302-2838;1873-7560 (2015 Jan)
Title: Effect of tadalafil on male lower urinary tract symptoms: an integrated analysis of storage and voiding international prostate symptom subscores from four randomised controlled trials.

Citation: European Urology, January 2015, vol./is. 67/1(114-22), 0302-2838;1873-7560 (2015 Jan)

Author(s): Chapelle CR, Roehrborn CG, McVary K, Ilo D, Henneges C, Viktrup L

Language: English

Abstract: BACKGROUND: The international prostate symptom score (IPSS) evaluates lower urinary tract symptoms (LUTS) in men with suspected benign prostatic hyperplasia (BPH); the total score does not differentiate between storage and voiding and is unevenly weighted (four questions [57%] on voiding, three questions [43%] on storage). OBJECTIVE: To evaluate the relative contributions of storage and voiding IPSS subscores to total IPSS at baseline and in response to treatment with tadalafil. DESIGN, SETTING, AND PARTICIPANTS: Integrated analysis of data from four placebo-controlled, 12-wk studies of tadalafil (5mg once daily) in 1499 men with LUTS/BPH. OUTCOME MEASUREMENTS AND STATISTICAL ANALYSIS: Relationships between total IPSS and the storage and voiding subscores were assessed using graphical exploration and linear regression modelling. Linear modelling was performed for the baseline and endpoint and for changes in subscores. The optimal storage subscore to total IPSS (S:T) ratio for IPSS improvement was identified using nonparametric regression and gradient-descent optimisation. RESULTS AND LIMITATIONS: The contribution of storage and voiding subscores at baseline and endpoint was 38.8% and 61.2%, and 39.2% and 60.7%, respectively. This intuitive 40:60 storage-to-voiding ratio was similar at baseline and endpoint by treatment group and for changes in subscores, but spanned the entire range for individuals. Changes in total IPSS were greatest for a storage subscore percentage contribution to total IPSS of 42.7%. There was no statistical association between S:T ratio (> 40% vs < 40%) at baseline and response to tadalafil. The main limitation was the use of unvalidated storage and voiding IPSS subscores. CONCLUSIONS: A constant S:T ratio of 4:10 was observed at baseline and endpoint. The greatest effect on total IPSS was noted for an S:T percentage contribution of 42.7%. Tadalafil efficacy was unaffected by the level of storage dysfunction at baseline. PATIENT SUMMARY: This analysis shows that for men with BPH, improvements during treatment with tadalafil apply to both storage and voiding symptoms at a constant ratio. The extent of storage dysfunction before treatment did not affect the response to treatment. Copyright 2014 European Association of Urology. Published by Elsevier B.V. All rights reserved.

Publication type: Journal Article
Source: MEDLINE

Title: Efficacy and safety of solifenacin plus tamsulosin oral controlled absorption system in men with lower urinary tract symptoms: A meta-analysis

Citation: Asian Journal of Andrology, January 2015, vol./is. 17/1(124-134), 1008-682X;1745-7262 (01 Jan 2015)


Language: English

Abstract: We performed a meta-analysis to compare treatment with a combination of solifenacin plus tamsulosin oral controlled absorption system (TOCAS) with placebo or TOCAS monotherapy. The aim of the meta-analysis was to clarify...
the efficacy and safety of the combination treatments method for lower urinary tract symptoms (LUTS). We searched for trials of men with LUTS that were randomized to combination treatment compared with TOCAS monotherapy or placebo. We pooled data from three placebo-controlled trials meeting inclusion criteria. Primary outcomes of interest included changes in International Prostate Symptom Score (IPSS) and urinary frequency. We also assessed postvoid residual, maximum urinary flow rate, incidence of urinary retention (UR), adverse events. Data were pooled using random or fixed effect models for continuous outcomes and the Mantel-Haenszel method to generate risk ratio. Reductions in IPSS storage subscore and total urgency and frequency score (TUFU) were observed with solifenacin 6 mg plus TOCAS compared with placebo (P< 0.0001 and P< 0.0001, respectively). Reductions in IPSS storage subscore and TUFU were observed with solifenacin 9 mg plus TOCAS compared with placebo (P = 0.003 and P= 0.0006, respectively). Reductions in TUFU was observed with solifenacin 6 mg plus TOCAS compared with TOCAS (P = 0.01). Both combination treatments were well tolerated, with low incidence of UR. Solifenacin 6 mg plus TOCAS significantly improved total IPSS, storage and voiding symptoms compared with placebo. Solifenacin 6 mg plus TOCAS also improved storage symptoms compared with TOCAS alone. There was no additional benefit of solifenacin 9 mg compared with 6 mg when used in combination with TOCAS.

Publication type: Journal: Article
Source: EMBASE

19. Title: Flexible ureteroscopy and lasertripsy (FURSL) for paediatric renal calculi: results from a systematic review.
Citation: Journal of Pediatric Urology, December 2014, vol./is. 10/6(1020-5), 1477-5131;1873-4898 (2014 Dec)
Author(s): Ishii H, Griffin S, Somani BK
Language: English
Abstract: OBJECTIVE: To understand the role, safety and efficacy of flexible ureterorenoscopy and lasertripsy (FURSL) for paediatric renal stones. MATERIAL AND METHODS: A systematic review was conducted using studies identified by a literature search between January 1990 and March 2014. All English language articles reporting on a minimum of five patients < 18 years old, treated with flexible ureteroscopy and lasertripsy for stone disease were included. RESULTS: A total of six studies (282 patients) were reported, with a mean age of 7.3 years (range 0.25-17 years). The stone sizes ranged from 1 to 30 mm. The mean stone-free rate across the three studies was 85.5% (range 58.0-93.0%) after initial ureteroscopy, with a postoperative stent inserted in 81.8% (range 66.7-98.0%). There were a total of 35 complications (12.4%), with the most severe complication being a Clavien class III (five ureteral injuries, one urinoma). There were no deaths in any of the studies. CONCLUSION: The present review shows that FURSL for management of renal calculi in the paediatric population is an effective and safe procedure. To ensure that outcomes keep on improving, these procedures should be undertaken by experienced surgeons who are familiar with the difficulties encountered in the paediatric population. Copyright 2014 Journal of Pediatric Urology Company. Published by Elsevier Ltd. All rights reserved.
Publication type: Journal: Article, Review
Source: MEDLINE

20. Title: Fruits, vegetables, and bladder cancer risk: A systematic review and meta-analysis
Citation: Cancer Medicine, January 2015, vol./is. 4/1(136-146), 2045-7634 (01 Jan 2015)
Language: English
Abstract: Smoking is estimated to cause about half of all bladder cancer cases. Case-control studies have provided evidence of an inverse association between fruit and vegetable intake and bladder cancer risk. As part of the World Cancer Research/American Institute for Cancer Research Continuous Update Project, we conducted a systematic review and meta-analysis of prospective studies to assess the dose-response relationship between fruit and vegetables and incidence and mortality of bladder cancer. We searched PubMed up to December 2013 for relevant prospective studies. We conducted highest compared with lowest meta-analyses and dose-response meta-analyses using random effects models to estimate summary relative risks (RRs) and 95% confidence intervals (CIs), and used restricted cubic splines to examine possible nonlinear associations. Fifteen prospective studies were included in the review. The summary RR for an increase of 1 serving/day (80 g) were 0.97 (95% CI: 0.95-0.99) <sup>1</sup>&sup2;&sup2; &sup2;&sup2; = 0%, eight studies for fruits and vegetables, 0.97 (95% CI: 0.94-1.00, <sup>1</sup>&sup2;&sup2; = 10%, 10 studies) for vegetables and 0.98 (95% CI: 0.96-1.00, <sup>1</sup>&sup2;&sup2; = 0%, 12 studies) for fruits. Results were similar in men and women and in current, former and nonsmokers. Amongst fruits and vegetables subgroups, for citrus fruits the summary RR for the highest compared with the lowest intake was 0.87 (95% CI: 0.76-0.99, <sup>1</sup>&sup2;&sup2; = 0%, eight studies) and for cruciferous vegetables there was evidence of a nonlinear relationship (P = 0.001). The current evidence from cohort studies is not consistent with a role for fruits and vegetables in preventing bladder cancer.
Publication type: Journal: Review
Source: EMBASE

21. Title: Genomic rearrangements in prostate cancer
Citation: Current Opinion in Urology, January 2015, vol./is. 25/1(71-76), 0963-0643;1473-6586 (11 Jan 2015)
Author(s): Barbieri C.E., Rubin M.A.
Purpose of review Genomic instability is a fundamental feature of human cancer, leading to the activation of oncogenes and inactivation of tumor suppressors. In prostate cancer (PCA), structural genomic rearrangements, resulting in gene fusions, amplifications, and deletions, are a critical mechanism effecting these alterations. Here, we review recent literature regarding the importance of genomic rearrangements in the pathogenesis of PCA and the potential impact on patient care. Recent findings Next-generation sequencing has revealed a striking abundance, complexity, and heterogeneity of genomic rearrangements in PCA. These recent studies have nominated a number of processes in predisposing PCA to genomic rearrangements, including androgen-induced transcription. Summary Structural rearrangements are the critical mechanism resulting in the characteristic genomic changes associated with PCA pathogenesis and progression. Future studies will determine whether the impact of these events on tumor phenotypes can be translated to clinical utility for patient prognosis and choices of management strategies.

Abstract: Host immune response has an impact on tumour development and progression. There is interest in the use of inflammatory biomarkers (InfBMs) in cancer care. Although several studies assessing the potential prognostic value of InfBMs in cancer have been published in the past decades, there have had no impact on the management of patients with urothelial bladder carcinoma (UBC). OBJECTIVE: To review and summarise the scientific literature on the prognostic value of InfBMs in cancer care. Although several studies assessing the potential prognostic value of InfBMs in cancer have been published in the past decades, there have had no impact on the management of patients with urothelial bladder carcinoma (UBC). CONTEXT: Host immune response has an impact on tumour development and progression. There is interest in the use of inflammatory biomarkers (InfBMs) in cancer care. Although several studies assessing the potential prognostic value of InfBMs in cancer have been published in the past decades, they have had no impact on the management of patients with urothelial bladder carcinoma (UBC). OBJECTIVE: To review and summarise the scientific literature on the prognostic value of tumour, serum, urine, and germline DNA InfBMs on UBC. EVIDENCE ACQUISITION: A systematic review of the literature was performed searching the Medline and Embase databases for original articles published between January 1975 and November 2013. The main inclusion criterion was the provision of a survival analysis (Kaplan-Meier) according to the Reporting Recommendations for Tumor Marker Prognostic Studies guidelines for the assessment of prognostic markers. We focused on markers assessed at least twice in the literature. Findings are reported following Preferred Reporting Items for Systematic Reviews and Meta-analysis guidelines. EVIDENCE SYNTHESIS: Overall, 34 publications, mostly retrospective, fulfilled the main inclusion criterion. Main limitations of these studies were missing relevant information about design or analysis and heterogeneous methodology used. Inflammatory cells, costimulatory molecules in tumour cells, and serum cytokines showed prognostic significance, mainly in univariable analyses. High C-reactive protein values were consistently reported as an independent prognostic factor for mortality in invasive UBC. CONCLUSIONS: There is a dearth of studies on InfBMs in UBC compared with other tumour types. Evidence suggests that InfBMs may have an impact on the management of patients with UBC. Currently, methodological drawbacks of the studies limit the translational potential of results. PATIENT SUMMARY: In this review, we analysed studies evaluating the impact of inflammatory response on bladder cancer progression. Despite methodological limitations, some inflammatory biomarkers should be further analysed because they hold promise to improve patient care.
24. Title: Is there a link between overactive bladder and the metabolic syndrome in women? A systematic review of observational studies

Citation: International Journal of Clinical Practice, February 2015, vol./is. 69/2(199-217), 1368-5031;1742-1241 (01 Feb 2015)

Author(s): Bunn F., Kirby M., Pinkney E., Cardozo L., Chapelle C., Chester K., Cruz F., Haab F., Kelleher C., Milsom I., Sievert K.D., Tubaro A., Wagg A.

Language: English

Abstract: Objectives To conduct a systematic review to determine whether there is an association between metabolic syndrome (MetS) and lower urinary tract symptoms (LUTS) or overactive bladder (OAB) in women. Methods We systematically reviewed English language observational studies on the effect of MetS (or component factors) on the presence of OAB or LUTS in women. We searched PubMed, Web of Science and The Cochrane Library with no date restrictions, checked reference lists and undertook citation searches in PubMed and Google Scholar. Studies were assessed for risk of bias. Because of heterogeneity, results were not pooled, but are reported narratively. Results Of 27 included studies, only three looked at the link between MetS and OAB. The rest looked at links between OAB and components of MetS such as obesity or insulin resistance (n = 10), between MetS and urinary symptoms (n = 3) and between urinary symptoms and components of MetS, such as obesity (n = 14). Evidence is currently limited, but it does suggest that there may be important links between MetS and OAB and components of MetS such as obesity. Conclusions The literature on MetS and OAB or LUTS in women is limited, and poor quality. However, the evidence available on obesity appears to support MetS as a contributor and predictor of LUTS in women. Many of the women with LUTS will be overweight and will have features of the MetS, if looked for. This provides not only an opportunity to encourage weight loss as an adjunct to therapy for the OAB symptoms but also a window of opportunity to address cardiovascular risk factors and prevent future cardiovascular morbidity and mortality.

Publication type: Journal: Article

Source: EMBASE

25. Title: Long-term prognosis after acute kidney injury (AKI): What is the role of baseline kidney function and recovery? A systematic review

Citation: BMJ Open, January 2015, vol./is. 5/1, 2044-6055 (01 Jan 2015)

Author(s): Sawhney S., Mitchell M., Marks A., Fluck N., Black C.

Language: English

Abstract: Objectives: To summarise the evidence from studies of acute kidney injury (AKI) with regard to the effect of pre-AKI renal function and post-AKI renal function recovery on long-term mortality and renal outcomes, and to assess whether these factors should be taken into account in future prognostic studies. Design/Setting: A systematic review of observational studies listed in Medline and EMBASE from 1990 to October 2012. Participants: All AKI studies in adults with data on baseline kidney function to identify AKI; with outcomes either stratified by pre-AKI and/or post-AKI kidney function, or described by the timing of the outcomes. Outcomes: Long-term mortality and worsening chronic kidney disease (CKD). Results: Of 7385 citations, few studies met inclusion criteria, reported baseline kidney function and stratified by pre-AKI or post-AKI function. For mortality outcomes, three studies compared patients by pre-AKI renal function and six by post-AKI function. For CKD outcomes, two studies compared patients by pre-AKI function and two by post-AKI function. The presence of CKD pre-AKI (compared with AKI alone) was associated with doubling of mortality and a fourfold to fivefold increase in CKD outcomes. Non-recovery of kidney function was associated with greater mortality and CKD outcomes in some studies, but findings were inconsistent varying with study design. Two studies also reported that risk of poor outcome reduced over time post-AKI. Meta-analysis was precluded by variations in definitions for AKI, CKD and recovery. Conclusions: The long-term prognosis after AKI varies depending on cause and clinical setting, but it may also, in part, be explained by underlying pre-AKI and post-AKI renal function rather than the AKI episode itself. While carefully considered in clinical practice, few studies address these factors and with inconsistent study design. Future AKI studies should report pre-AKI and post-AKI function consistently as additional factors that may modify AKI prognosis.

Publication type: Journal: Review

Source: EMBASE

Full text: Available Highwire Press at BMJ Open

26. Title: Management of priapism: an update for clinicians.

Citation: Therapeutic Advances in Urology, December 2014, vol./is. 6/6(230-44), 1756-2872;1756-2872 (2014 Dec)

Author(s): Levey HR, Segal RL, Bivalacqua TJ

Language: English

Abstract: Priapism is a prolonged erection that persists beyond or is unrelated to sexual stimulation. It is associated with significant morbidity: psychological, socioeconomic, and physical, including pain and potentially irreversible compromise of erectile function. There are three major types of priapism: ischemic, nonischemic, and stuttering. Establishing the type of priapism is paramount to safely and effectively treating these episodes. Ischemic priapism represents a urological
emergency. Its treatment may involve aspiration/irrigation with sympathomimetic injections, surgical shunts, and as a last resort, penile prosthesis implantation. Nonischemic priapism results from continuous flow of arterial blood into the penis, most commonly related to penile trauma. This is not an emergency and may be managed conservatively initially, as most of these episodes are self-limiting. Stuttering priapism involves recurrent self-limiting episodes of ischemic priapism. The primary goal of therapy is prevention, but acute episodes should be managed in accordance with guidelines for ischemic priapism. In this paper we review the diagnosis and treatment of the three priapism variants, as well as discuss future targets of therapy and novel targets on the horizon.

**Publication type:** Journal Article, Review

**Source:** MEDLINE

**Title:** Management of the Bladder and Calyceal Diverticulum: Options in the Age of Minimally Invasive Surgery

**Citation:** Urologic Clinics of North America, February 2015, vol./is. 42/1(77-87), 0094-0143;1558-318X (01 Feb 2015)

**Author(s):** Silay M.S., Koh C.J.

**Language:** English

**Abstract:** Bladder and calyceal diverticula are rare clinical entities in the pediatric population. Most of these diverticula are asymptomatic, incidentally detected, and may not require surgical intervention. However, if surgery is indicated, there are minimally invasive treatment options available that have success rates comparable with those of traditional open surgery. In addition, they offer several advantages including reduced morbidity, decreased hospital length of stay, improved cosmesis, and reduced pain medication requirements. In this review, the minimally invasive surgical techniques in the management of bladder and calyceal diverticula are discussed.

**Publication type:** Journal: Review

**Source:** EMBASE

**Title:** Optical diagnostics for upper urinary tract urothelial cancer: Technology, thresholds, and clinical applications

**Citation:** Journal of Endourology, February 2015, vol./is. 29/2(113-123), 0892-7790;1557-900X (01 Feb 2015)


**Language:** English

**Abstract:** Purpose: Developments in optical diagnostics have potential for less invasive diagnosis of upper urinary tract urothelial carcinoma (UUT-UC). This systematic review provides an overview of technology, applications, and limitations of recently developed optical diagnostics in the upper urinary tract and outlines their potential for future clinical applications. In addition, current evidence was evaluated. Literature Search: A PubMed literature search was performed and articles on narrow band imaging (NBI), photodynamic diagnosis (PDD), Storz professional imaging enhancement system (SPIES), optical coherence tomography (OCT), and confocal laser endomicroscopy (CLE) regarding UUT-UC were reviewed for data extraction. Study quality was reviewed according to Quality Assessment of Diagnostic Accuracy Studies and Innovation, Development, Exploration, Assessment, and Long-term follow-up (IDEAL) standards. Results: Four articles available for quality assessment, demonstrated high level of evidence, but low level of IDEAL stage. NBI and SPIES enhance contrast of mucosal surface and vascular structures, improving tumor detection rate. A first in vivo study showed promising results. PDD uses fluorescence to improve tumor detection rate. However, due to the acute angle of the ureterorenoscopes there is an increased risk of false positives. OCT produces cross-sectional high-resolution images, providing information on tumor grade and stage. A pilot study showed promising diagnostic accuracy. CLE allows ultrahigh-resolution microscopy of tissue resulting in images of the cellular structure. CLE cannot be applied in vivo in the upper urinary tract yet, due to technical limitations. Conclusions: NBI, SPIES, and PDD aim at improving visualization of UUT-UC through contrast enhancement. OCT and CLE aim at providing real-time predictions of histopathological diagnosis. For all techniques, more research has to be conducted before these techniques can be implemented in the routine management of UUT-UC. All techniques might be of value in specific clinical scenarios and allow for integration, for example, OCT with NBI, and could therefore improve tumor detection and staging and help in selecting the optimal treatment for the individual patient.

**Publication type:** Journal: Review

**Source:** EMBASE

**Title:** Orthotopic neobladder reconstruction.

**Citation:** Urology annals, January 2015, vol./is. 7/1(1-7), 0974-7796;0974-7796 (01 Jan-Mar)

**Author(s):** Chang DT, Lawrentschuk N

**Language:** English

**Abstract:** Orthotopic neobladder reconstruction is becoming an increasingly common urinary diversion following cystectomy for bladder cancer. This is in recognition of the potential benefits of neobladder surgery over creation of an ileal conduit related to quality of life (QoL), such as avoiding the need to form a stoma with its cosmetic, psychological and other potential complications. The PubMed database was searched using relevant search terms for articles published electronically between January 1994 and April 2014. Full-text articles in English or with English translation were assessed for relevance to the topic before being included in the review. Patients with neobladders have comparable or better post-
operative sexual function than those with ileal conduits. They also have comparable QoL to those with ileal conduits. Orthotopic neobladder is a good alternative to ileal conduit in suitable patients who do not want a stoma and are motivated to comply with neobladder training. However, the selection of a neobladder as the urinary diversion of choice requires that patients have good renal and liver functions and are likely to be compliant with neobladder training. With benefits also come potential risks of neobladder formation. These include electrolyte abnormalities and nocturnal incontinence. This short review highlights current aspects of neobladder formation and its potential advantages.

**Publication type:** Journal Article, Review  
**Source:** MEDLINE  
**Full text:** Available National Library of Medicine at Urology Annals

**30.** **Title:** Particle radiotherapy for prostate cancer  
**Citation:** International Journal of Urology, January 2015, vol./is. 22/1(33-39), 0919-8172;1442-2042 (01 Jan 2015)  
**Author(s):** Shiyo Yama T., Tsuji H., Suefuji H., Sinoto M., Matsunobu A., Toyama S., Nakamura K., Kudo S.  
**Language:** English  
**Abstract:** Recent advances in external beam radiotherapy have allowed us to deliver higher doses to the tumors while decreasing doses to the surrounding tissues. Dose escalation using high-precision radiotherapy has improved the treatment outcomes of prostate cancer. Intensity-modulated radiation therapy has been widely used throughout the world as the most advanced form of photon radiotherapy. In contrast, particle radiotherapy has also been under development, and has been used as an effective and non-invasive radiation modality for prostate and other cancers. Among the particles used in such treatments, protons and carbon ions have the physical advantage that the dose can be focused on the tumor with only minimal exposure of the surrounding normal tissues. Furthermore, carbon ions also have radiobiological advantages that include higher killing effects on intrinsic radio-resistant tumors, hypoxic tumor cells and tumor cells in the G0 or S phase. However, the degree of clinical benefit derived from these theoretical advantages in the treatment of prostate cancer has not been adequately determined. The present article reviews the available literature on the use of particle radiotherapy for prostate cancer as well as the literature on the physical and radiobiological properties of this treatment, and discusses the role and the relative merits of particle radiotherapy compared with current photon-based radiotherapy, with a focus on proton beam therapy and carbon ion radiotherapy.

**Publication type:** Journal: Review  
**Source:** EMBASE

**31.** **Title:** Percutaneous nephrolithotomy versus retrograde intrarenal surgery: a systematic review and meta-analysis.  
**Citation:** European Urology, January 2015, vol./is. 67/1(125-37), 0302-2838;1873-7560 (2015 Jan)  
**Author(s):** De S, Autorino R, Kim FJ, Zargar H, Laydner H, Balsamo R, Torricelli FC, Di Palma C, Molina WR, Monga M, De Sio M  
**Language:** English  
**Abstract:** CONTEXT: Recent advances in technology have led to the implementation of mini- and micro-percutaneous nephrolithotomy (PCNL) as well as retrograde intrarenal surgery (RIRS) in the management of kidney stones. OBJECTIVE: To provide a systematic review and meta-analysis of studies comparing RIRS with PCNL techniques for the treatment of kidney stones. EVIDENCE ACQUISITION: A systematic literature review was performed in March 2014 using the PubMed, Scopus, and Web of Science databases to identify relevant studies. Article selection proceeded according to the search strategy based on Preferred Reporting Items for Systematic Reviews and Meta-analysis criteria. A subgroup analysis was performed comparing standard PCNL and minimally invasive percutaneous procedures (MIPPs) including mini-PCNL and micro-PCNL with RIRS, separately. EVIDENCE SYNTHESIS: Two randomised and eight nonrandomised studies were analysed. PCNL techniques provided a significantly higher stone-free rate (weighted mean difference [WMD]: 2.19; 95% confidence interval [CI], 1.53-3.13; p<0.00001) but also higher complication rates (odds ratio [OR]: 1.61; 95% CI, 1.11-2.35; p<0.01) and a larger postoperative decrease in haemoglobin levels (WMD: 0.87; 95% CI, 0.51-1.22; p<0.0001). In contrast, RIRS led to a shorter hospital stay (WMD: 1.28; 95% CI, 0.79-1.77; p<0.0001). At subgroup analysis, RIRS provided a significantly higher stone-free rate than MIPPs (WMD: 1.70; 95% CI, 1.07-2.70; p=0.03) but less than standard PCNL (OR: 4.32; 95% CI, 1.99-9.37; p=0.0002). Hospital stay was shorter for RIRS compared with both MIPPs (WMD: 1.11; 95% CI, 0.39-1.83; p=0.003) and standard PCNL (WMD: 1.84 d; 95% CI, 0.64-3.04; p=0.003). CONCLUSIONS: PCNL is associated with higher stone-free rates at the expense of higher complication rates, blood loss, and admission times. Standard PCNL offers stone-free rates superior to those of RIRS, whereas RIRS provides higher stone free rates than MIPPs. Given the added morbidity and lower efficacy of MIPPs, RIRS should be considered standard therapy for stones <2 cm until appropriate randomised studies are performed. When flexible instruments are not available, standard PCNL should be considered due to the lower efficacy of MIPPs. PATIENT SUMMARY: We searched the literature for studies comparing new minimally invasive techniques for the treatment of kidney stones. The analysis of 10 available studies shows that treatment can be tailored to the patient by balancing the advantages and disadvantages of each technique. Copyright 2014 European Association of Urology. Published by Elsevier B.V. All rights reserved.  
**Publication type:** Journal Article
32. Title: Potential utility of cancer-specific biomarkers for assessing response to hormonal treatments in metastatic prostate cancer

Citation: Therapeutic Advances in Urology, December 2015, vol./is. 6(6(245-252)), 1756-2872;1756-2880 (26 Dec 2014)

Author(s): Schalken J., Dijkstra S., Baskin-Bey E., Van Oort I.

Language: English

Abstract: Prostate cancer is the second leading cause of cancer death in men and there is an urgent clinical need to improve its detection and treatment. The introduction of prostate-specific antigen (PSA) as a biomarker for prostate cancer several decades ago represented an important step forward in our ability to diagnose this disease and offers the potential for earlier and more effective treatment. PSA measurements are now routinely conducted alongside digital rectal examination, with raised PSA levels leading to biopsy. PSA is also used to monitor disease and assess therapeutic response. However, there are some important limitations to its use, not least its lack of specificity for prostate cancer, and increased PSA screening may have resulted in overdiagnosis and overtreatment of early, low-risk prostate cancer. Therefore, there is a need for more specific and sensitive biomarkers for the diagnosis and monitoring of prostate cancer and treatment response; in particular, biomarkers of response to hormonal treatments in prostate cancer and predictive biomarkers to identify who is most likely to respond to these treatments. Here we review the current utilization of PSA and data on potentially more specific and sensitive biomarkers for the diagnosis and monitoring of prostate cancer: prostate cancer antigen 3 (PCA3) and the TMPRSS2-ERG fusion gene. A description of the design of an ongoing study of the 6-month extended release formulation of leuprolelin acetate (Eligard 45 mg) will provide preliminary data on the potential utility of these new biomarkers for detecting therapeutic response after hormonal therapy.

Publication type: Journal: Review

Source: EMBASE

33. Title: Prognostic factors and risk groups in T1G3 non-muscle-invasive bladder cancer patients initially treated with Bacillus Calmette-Guerin: results of a retrospective multicenter study of 2451 patients.

Citation: European Urology, January 2015, vol./is. 67/1(74-82), 0302-2838;1873-7560 (2015 Jan)


Language: English

Abstract: BACKGROUND: The impact of prognostic factors in T1G3 non-muscle-invasive bladder cancer (BCa) patients is critical for proper treatment decision making.OBJECTIVE: To assess prognostic factors in patients who received bacillus Calmette-Guerin (BCG) as initial intravesical treatment of T1G3 tumors and to identify a subgroup of high-risk patients who should be considered for more aggressive treatment.DESIGN, SETTING, AND PARTICIPANTS: Individual patient data were collected for 2451 T1G3 patients from 23 centers who received BCG between 1990 and 2011.OUTCOME MEASUREMENTS AND STATISTICAL ANALYSIS: Using Cox multivariable regression, the prognostic importance of several clinical variables was assessed for time to recurrence, progression, BCa-specific survival, and overall survival (OS).RESULTS AND LIMITATIONS: With a median follow-up of 5.2 yr, 465 patients (19%) progressed, 509 (21%) underwent cystectomy, and 221 (9%) died because of BCa. In multivariable analyses, the most important prognostic factors for progression were age, tumor size, and concomitant carcinoma in situ (CIS); the most important prognostic factors for BCa-specific survival and OS were age and tumor size. Patients were divided into four risk groups for progression according to the number of adverse factors among age > 70 yr, size > 3 cm, and presence of CIS. Progression rates at 10 yr ranged from 17% to 52%. BCa-specific death rates at 10 yr were 32% in patients > 70 yr with tumor size > 3 cm and 13% otherwise.CONCLUSIONS: T1G3 patients > 70 yr with tumors > 3 cm and concomitant CIS should be treated more aggressively because of the high risk of progression.PATIENT SUMMARY: Although the majority of T1G3 patients can be safely treated with intravesical bacillus Calmette-Guerin, there is a subgroup of T1G3 patients with age > 70 yr, tumor size > 3 cm, and concomitant CIS who have a high risk of progression and thus require aggressive treatment.Copyright 2014 European Association of Urology. Published by Elsevier B.V. All rights reserved.

Publication type: Journal Article, Research Support, Non-U.S. Gov't

Source: MEDLINE

34. Title: Recent Aspects of Sunitinib Therapy in Patients with Metastatic Clear-Cell Renal Cell Carcinoma: a Systematic Review of the Literature

Citation: Current Urology Reports, 2015, vol./is. 16/2, 1527-2737;1534-6285 (2015)

Author(s): Minardi D., Quaresima L., Santoni M., Bianconi M., Scartozzi M., Cascinu S., Muzzonigro G.

Language: English

Abstract: Sunitinib is an orally available inhibitor of multiple tyrosine-kinase receptors approved for the treatment of advanced clear-cell renal cell carcinoma (ccRCC), a disease which has habitually had a very poor patient survival rate.
Although it has become the most widely used drug for this disease, it remains not completely clear the best treatment strategy with these agent. The aim of this review is to highlight the most recent and interesting aspects of the research on treatment of advanced ccRCC with sunitinib and eventually determine alternative treatment schedule to reduce the incidence of side effects; we also wanted to review recent biomarkers able to predict response to therapy and also to point out the mechanism of acquired resistance to this drug.

**Publication type:** Journal: Review

**Source:** EMBASE

### 35. Title: Screening and prostate cancer mortality: Results of the European Randomised Study of Screening for Prostate Cancer (ERSPC) at 13 years of follow-up

**Citation:** The Lancet, December 2014, vol./is. 384/959(2027-2035), 0140-6736/1474-547X (06 Dec 2014)


**Language:** English

**Abstract:** Background The European Randomised study of Screening for Prostate Cancer (ERSPC) has shown significant reductions in prostate cancer mortality after 9 years and 11 years of follow-up, but screening is controversial because of adverse events such as overdiagnosis. We provide updated results of mortality from prostate cancer with follow-up to 2010, with analyses truncated at 9, 11, and 13 years. Methods ERSPC is a multicentre, randomised trial with a predefined centralised database, analysis plan, and core age group (55-69 years), which assesses prostate-specific antigen (PSA) testing in eight European countries. Eligible men aged 50-74 years were identified from population registries and randomly assigned by computer generated random numbers to screening or no intervention (control). Investigators were masked to group allocation. The primary outcome was prostate cancer mortality in the core age group. Analysis was by intention to treat. We did a secondary analysis that corrected for selection bias due to non-participation. Only incidence and no mortality data at 9 years' follow-up are reported for the French centres. This study is registered with Current Controlled Trials, number ISRCTN49127736. Findings With data truncated at 13 years of follow-up, 7408 prostate cancer cases were diagnosed in the intervention group and 6107 cases in the control group. The ratio rate of prostate cancer incidence between the intervention and control groups was 191 (95% CI 183-199) after 9 years (164 [158-169] including France), 166 (160-173) after 11 years, and 157 (151-162) after 13 years. The rate ratio of prostate cancer mortality was 0.85 (0.70-103) after 9 years, 0.78 (0.66-0.91) after 11 years, and 0.79 (0.69-0.91) at 13 years. The absolute risk reduction of death from prostate cancer at 13 years was 0.011 per 1000 person-years or 0.128 per 1000 men randomised, which is equivalent to 0.8 prostate cancer deaths averted per 781 (95% CI 490-1929) men invited for screening or one per 27 (17-66) additional prostate cancer detected. After adjustment for non-participation, the rate ratio of prostate cancer mortality in men screened was 0.73 (95% CI 0.61-0.88). Interpretation In this update the ERSPC confirms a substantial reduction in prostate cancer mortality attributable to testing of PSA, with a substantially increased absolute effect at 13 years compared with findings after 9 and 11 years. Despite our findings, further quantification of harms and their reduction are still considered a prerequisite for the introduction of population-based screening. Funding Each centre had its own funding responsibility.

**Publication type:** Journal: Article

**Source:** EMBASE

**Full text:** Available [Lancet](https://www.thelancet.com) at [Lancet](https://www.thelancet.com), [The](https://www.thelancet.com)

**Full text:** Available [Lancet](https://www.thelancet.com) at Salisbury District Hospital Healthcare Library

**Full text:** Available [Lancet](https://www.thelancet.com) at [Lancet](https://www.thelancet.com), [The](https://www.thelancet.com)

### 36. Title: The definition of acute kidney injury and its use in practice

**Citation:** Kidney International, January 2015, vol./is. 87/1(62-73), 0085-2538;1523-1755 (03 Jan 2015)

**Author(s):** Thomas M.E., Blaine C., Dawnyay A., Devonald M.A.J., Ftouh S., Laing C., Latchem S., Lewington A., Milford D.V., Ostermann M.

**Language:** English

**Abstract:** Acute kidney injury (AKI) is a common syndrome that is independently associated with increased mortality. A standardized definition is important to facilitate clinical care and research. The definition of AKI has evolved rapidly since 2004, with the introduction of The Risk, Injury, Failure, Loss, and End-stage renal disease (RIFLE), AKI Network (AKIN), and Kidney Disease Improving Global Outcomes (KDIGO) classifications. RIFLE was modified for pediatric use (pRIFLE). They were developed using both evidence and consensus. Small rises in serum creatinine are independently associated with increased mortality, and hence are incorporated into the current definition of AKI. The recent definition from The international KDIGO guideline merged RIFLE and AKIN. Systematic review has found that these definitions do not differ significantly in their performance. Health-care staff caring for children or adults should use standard criteria for AKI, such as The pRIFLE or KDIGO definitions, respectively. These efforts to standardize AKI definition are a substantial advance, although areas of uncertainty remain. The new definitions have enabled the use of electronic alerts to warn clinicians of possible AKI. Novel biomarkers may further refine The definition of AKI, but their use will need to produce tangible...
improvements in outcomes and cost effectiveness. Further developments in AKI definitions should be informed by research into their practical application across health-care providers. This review will discuss the definition of AKI and its use in practice for clinicians and laboratory scientists.

**Publication type:** Journal: Review  
**Source:** EMBASE

37. **Title:** The impact of the extent of lymphadenectomy on oncologic outcomes in patients undergoing radical cystectomy for bladder cancer: a systematic review  
**Citation:** European Urology, December 2014, Vol./Is. 66/6(1065-77), 0302-2838;1873-7560 (2014 Dec)  
**Language:** English  
**Abstract:** CONTEXT: Controversy exists regarding the therapeutic value of lymphadenectomy (LND) in patients undergoing radical cystectomy (RC) for muscle-invasive bladder cancer (MIBC). OBJECTIVE: To systematically review the relevant literature assessing the impact of LND on oncologic and perioperative outcomes in patients undergoing RC for MIBC. EVIDENCE ACQUISITION: Medline, Medline In-Process, Embase, the Cochrane Central Register of Controlled Trials, and the Latin American and Caribbean Center on Health Sciences Information (LILACS) were searched up to December 2013. Comparative studies reporting on no LND, limited LND (L-LND), standard LND (S-LND), extended LND (E-LND), superextended LND (SE-LND), and oncologic and perioperative outcomes were included. Risk-of-bias and confounding assessments were performed. EVIDENCE SYNTHESIS: Twenty-three studies reporting on 19,793 patients were included. All but one study were retrospective. Planned meta-analyses were not possible because of study heterogeneity; therefore, data were synthesized narratively. There were high risks of bias and confounding across most studies as well as extreme heterogeneity in the definition of the anatomic boundaries of LND templates. All seven studies comparing LND with no LND favored LND in terms of better oncologic outcomes. Seven of 14 studies comparing (super)extended LND with L-LND or S-LND reported a beneficial outcome for (super)extended LND in at least a subset of patients. No difference in outcome was reported in two studies comparing E-LND and S-LND. The comparative harms of different extents of LND remain unclear. CONCLUSIONS: Although the quality of the data was poor, the available evidence indicates that any kind of LND is advantageous over no LND. Similarly, E-LND appears to be superior to lesser degrees of dissection, while SE-LND offered no additional benefits. It is hoped that data from ongoing randomized clinical trials will clarify remaining uncertainties. PATIENT SUMMARY: The current literature suggests that removal of lymph nodes in bladder cancer surgery is beneficial and might result in better outcomes in terms of prolonging survival; however, the quality of the available studies is poor, and high-quality studies are needed. Copyright 2014 European Association of Urology. Published by Elsevier B.V. All rights reserved.  
**Publication type:** Journal Article  
**Source:** MEDLINE

38. **Title:** The effect of dietary and exercise interventions on body weight in prostate cancer patients: A systematic review  
**Citation:** Nutrition and Cancer, January 2015, Vol./Is. 67/1(43-60), 0163-5581;1532-7914 (02 Jan 2015)  
**Author(s):** Mohamad H., Mcneill G., Haseen F., Ndow J., Craig L.C.A., Heys S.D.  
**Language:** English  
**Abstract:** Prostate cancer prognosis may therefore be improved by maintaining healthy weight through diet and physical activity. This systematic review looked at the effect of diet and exercise interventions on body weight among men treated for prostate cancer. MEDLINE, EMBASE, CINAHL, and Cochrane Library databases were searched from the earliest record to August 2013. Randomized controlled trials of diet and exercise interventions in prostate cancer patients that reported body weight or body composition changes were included. A total of 20 trials were included in the review. Because of the heterogeneity of intervention components, a narrative review was conducted. Interventions were categorized as diet (n = 6), exercise (n = 8), or a combination of both diet and exercise (n = 6). The sample size ranged from 8 to 155 and the duration from 3 wk to 4 yr. Four diet interventions and 1 combined diet and exercise intervention achieved significant weight loss with mean values ranging from 0.8 kg to 6.1 kg (median 4.5 kg). Exercise alone did not lead to weight loss, though most of these trials aimed to increase fitness and quality of life rather than decrease body weight. Diet intervention, alone or in combination with exercise, can lead to weight loss in men treated for prostate cancer.  
**Publication type:** Journal: Review  
**Source:** EMBASE

39. **Title:** The relationship between total testosterone levels and prostate cancer: A review of the continuing controversy  
**Citation:** Journal of Urology, February 2015, Vol./Is. 193/2(403-413), 0022-5347;1527-3792 (01 Feb 2015)  
**Author(s):** Klap J., Schmid M., Loughlin K.R.  
**Language:** English  
**Abstract:** Purpose For many years it was believed that higher total testosterone contributed to prostate cancer and caused
rapid cancer growth. International guidelines consider that adequate data are not available to determine whether there is additional risk of prostate cancer from testosterone replacement. Numerous studies with multiple designs and contradictory conclusions have investigated the relationship between total testosterone and prostate cancer development. To establish current knowledge in this field we reviewed the literature on total testosterone and the subsequent risk of prostate cancer as well as the safety of exogenous testosterone administration in patients with a history of prostate cancer. Materials and Methods We searched the literature to identify articles from 1994 to 2014 related to the relationship between total testosterone and prostate cancer. Emphasis was given to prospective studies, series with observational data and randomized, controlled trials. Case reports were excluded. Articles on testosterone replacement safety were selected by patient population (under active surveillance or with a prostate cancer history). We organized our results according to the relationship between total testosterone and prostate cancer, including 1) the possible link between low total testosterone and prostate cancer, 2) the effect of high levels and 3) the absence of any link. Finally, we summarized studies of the risk of exogenous testosterone administration in patients already diagnosed with prostate cancer, treated or on active surveillance. Results We selected 45 articles of the relationship between total testosterone and prostate cancer, of which 18 and 17 showed a relationship to low and high total testosterone, respectively, and 10 showed no relation. Total testosterone was defined according to the definition in each article. Contradictory findings have been reported, largely due to the disparate methodologies used in many studies. Most studies did not adhere to professional society guidelines on total testosterone measurements. One of 18 series of low total testosterone and prostate cancer adhered to published guidelines while none of 17 showing a relationship of high total testosterone to prostate cancer and only 1 of 10 that identified no relationship between total testosterone and prostate cancer adhered to measurements recommended in the guidelines. In 11 studies the risk of exogenous testosterone was examined in patients with a prostate cancer history. Many studies were limited by small cohort size and brief followup. However, overall this literature suggests that the risk of exogenous testosterone replacement in patients with prostate cancer appears to be small. Conclusions The relationship between total testosterone and prostate cancer has been an area of interest among physicians for decades. Conflicting results have been reported on the relationship between total testosterone and subsequent prostate cancer. Much of this controversy appears to be based on conflicting study designs, definitions and methodologies. To date no prospective study with sufficient power has been published to unequivocally resolve the issue. The preponderance of studies of the safety of exogenous testosterone in men with a prostate cancer history suggests that there is little if any risk. However, because the risk has not proved to be zero, the most prudent course is to follow such men with regular prostate specific antigen measurements and digital rectal examinations.

**Publication type:** Journal: Review  
**Source:** EMBASE  
**Full text:** Available Elsevier at Salisbury District Hospital Healthcare Library  
**Full text:** Available Elsevier at Journal of Urology, The

40. **Title:** The stability of seeds in external beam prostate radiotherapy and implications of migration in current practice: A systematic review  
**Citation:** Journal of Radiotherapy in Practice, January 2015, vol./is. 14(1)(56-62), 1460-3969;1467-1131 (22 Jan 2014)  
**Author(s):** Soprun K., Sale C., Knight K.  
**Language:** English  
**Abstract:** Purpose To determine and summarise the literature on prostatic seed stability by investigating seed marker migration and loss in prostate cancer patients. In addition, documenting the implications of significant seed migration and loss in clinical practise. Methods PubMed and Sciencedirect databases were used to locate papers on the stability of gold seed markers in prostate patients treated with external beam radiation therapy. The search found 3,238 articles and ten articles were selected and reviewed based on inclusion and exclusion criteria for the scope of this literature review. Results Minimal migration and loss of seeds was observed in the literature reviewed, with the majority of authors reporting <20 mm migration within the prostate; however, there were individual cases reported outside of the 20 mm threshold. It was also found that significant migration had an impact on image matching, as well as, planning treatment volume margins. Conclusion Seed stability within the prostate has been proven, with most authors reporting minimal migration within a 20 mm threshold and minimal loss of seeds. Although individual cases can have significant migration and loss, if marker migration exceeds the 20 mm threshold, a protocol is required to deal with both non-significant and significant migration.  
**Publication type:** Journal: Article  
**Source:** EMBASE

41. **Title:** Transurethral plasmakinetic resection of the prostate is a reliable minimal invasive technique for benign prostate hyperplasia: A meta-analysis of randomized controlled trials  
**Citation:** Asian Journal of Andrology, January 2015, vol./is. 17(1)(135-142), 1008-682X;1745-7262 (01 Jan 2015)  
**Author(s):** Wang K., Li Y., Teng J.-F., Zhou H.-Y., Xu D.-F., Fan Y.  
**Language:** English  
**Abstract:** To evaluate the efficacy and safety of plasmakinetic resection of the prostate (PKRP) versus transurethral
resection of the prostate (TURP) for the treatment of patients with benign prostate hyperplasia (BPH), a meta-analysis of randomized controlled trials was carried out. We searched PubMed, Embase, Web of Science and the Cochrane Library. The pooled estimates of maximum flow rate, International Prostate Symptom Score, operation time, catheterization time, irrigated volume, hospital stay, transurethral resection syndrome, transfusion, clot retention, urinary retention and urinary stricture were assessed. There was no notable difference in International Prostate Symptom Score between TURP and PKRP groups during the 1-month, 3 months, 6 months and 12 months follow-up period, while the pooled Q threshold was 0.05. Conclusion: Patients can be informed that Active Surveillance involves no greater threat to their psychological wellbeing as part of the informed consent process, and clinicians need not be overly cautious accepting AS. Objective: (1) Determine the impact on psychological wellbeing when treated with AS (non-comparative studies). (2) Compare AS with active treatments for the impact on psychological wellbeing (comparative studies). Method: We used the PRISMA guidelines and searched Medline, PsycInfo, EMBASE, CINHAL, Web of Science, Cochrane Library and Scopus for articles published January 2000-2014. Eligible studies reported original quantitative data on any measures of psychological wellbeing. Results: We identified 34 eligible articles (n=12,497 individuals); 24 observational, eight RCTs, and two other interventional studies. Studies came from North America (16), Europe (14) Australia (3) and North America/Europe (1). A minority (5/34) used validated instruments, whilst a substantial minority (14/34) used watchful waiting or no active treatment rather than Active Surveillance. There was modest evidence of no adverse impact on psychological wellbeing associated with Active Surveillance; and no differences in psychological wellbeing compared to active treatments. Conclusion: Patients can be informed that Active Surveillance involves no greater threat to their psychological wellbeing as part of the informed consent process, and clinicians need not limit access to Active Surveillance based on an expectation of adverse impacts on psychological wellbeing.

**Publication type:** Journal: Article

**Source:** EMBASE

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42. **Title:** Urinary biomarkers for prostate cancer

**Citation:** Current Opinion in Urology, January 2015, vol./is. 25/1(77-82), 0963-0643;1473-6586 (11 Jan 2015)

**Author(s):** Wei J.T.

**Language:** English

**Abstract:** Purpose of review The field of urology has been beset by several major trends that have affected the early detection of prostate cancer. These stem primarily from a backlash against overdiagnosis due to prostate specific antigen-based screening efforts and are epitomized by the US Preventive Services Task Force giving prostate specific antigen-based prostate cancer screening a 'D' recommendation. Consequently, the active surveillance strategy for low-risk prostate cancer has become commonplace, leading many to ask how best to follow these patients. More importantly, this public outcry has shifted the focus of early detection from an effort to diagnose any and all prostate cancers to an effort to diagnose only 'high-risk' cancer. Along with a trend for minimally invasive procedures, these forces have challenged the early detection field to more efficiently identify clinically significant prostate cancers at an early stage while limiting the number of biopsies. Recent findings With US Food and Drug Administration approval, prostate cancer antigen 3 has emerged as the first bona-fide urinary biomarker for prostate cancer. Using the same platform, investigators have developed a second urinary test based on TMPRSS2:erg fusion. Recent literature supports the use of these biomarkers as a combined panel that improves risk evaluation in the setting of prostate cancer detection. Early works for applying urinary biomarkers for active surveillance are underway. Other biomarkers in the pipeline will require further prevalidation and validation work. Summary Recent literature would support that urinary biomarkers have a clear role to supplement risk evaluation for men undergoing prostate biopsy and for prognostication.

**Publication type:** Journal: Review

**Source:** EMBASE

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43. **Title:** Wellbeing during Active Surveillance for localised prostate cancer: A systematic review of psychological morbidity and quality of life

**Citation:** Cancer Treatment Reviews, January 2015, vol./is. 41/1(46-60), 0305-7372;1532-1967 (01 Jan 2015)

**Author(s):** Carter G., Clover K., Britton B., Mitchell A.J., White M., McLeod N., Denham J., Lambert S.D.

**Language:** English

**Abstract:** Background: Active Surveillance (AS) is recommended for the treatment of localised prostate cancer; however this option may be under-used, at least in part because of expectations of psychological adverse events in those offered or accepting AS. Objective: (1) Determine the impact on psychological wellbeing when treated with AS (non-comparative studies). (2) Compare AS with active treatments for the impact on psychological wellbeing (comparative studies). Method: We used the PRISMA guidelines and searched Medline, PsycInfo, EMBASE, CINHAL, Web of Science, Cochrane Library and Scopus for articles published January 2000-2014. Eligible studies reported original quantitative data on any measures of psychological wellbeing. Results: We identified 34 eligible articles (n=12,497 individuals); 24 observational, eight RCTs, and two other interventional studies. Studies came from North America (16), Europe (14) Australia (3) and North America/Europe (1). A minority (5/34) were rated as high quality. Most (26/34) used validated instruments, whilst a substantial minority (14/34) used watchful waiting or no active treatment rather than Active Surveillance. There was modest evidence of no adverse impact on psychological wellbeing associated with Active Surveillance; and no differences in psychological wellbeing compared to active treatments. Conclusion: Patients can be informed that Active Surveillance involves no greater threat to their psychological wellbeing as part of the informed consent process, and clinicians need not limit access to Active Surveillance based on an expectation of adverse impacts on psychological wellbeing.

**Publication type:** Journal: Review

**Source:** EMBASE
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